

United States Environmental Protection Agency
Washington, D.C. 20460
DATA CALL-IN RESPONSE

OMB Approval 2070-0174
EPA FORM 6300-4

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.
Use additional sheet(s) if necessary.

1. Company Name and Address KOP-COAT, INC. 3040 WILLIAM PITT WAY PITTSBURGH, PA 15238		2. Case # and Name N/A - Tebuconazole Chemical # and Name: 128997 Tebuconazole		3. Date and Type of DCI and Number 14-Sep-2017 GENERIC ID # GDCI-128997-1598	
4. EPA Product Registration	5. I wish to cancel this product registration voluntarily	6. Generic Data		7. Product Specific Data	
		6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA registration number listed below.	6b. I agree to satisfy Generic Data Requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."	7a. My product is an MUP and I agree to satisfy the MUP requirement on the attached form entitled "Requirements Status and Registrant's Response."	7b. My product is an EUP and I agree to satisfy the EUP requirement on the attached form entitled "Requirements Status and Registrant's Response."
92617-16 92617-10 92617-11 92617-13 92617-14 92617-19		yes yes yes yes yes yes		N/A	N/A
8. Certification: I certify that the statements made on this form and all attachments are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law.					9. Date
Signature and Title of Company's Authorized Representative <i>Ronnie M. Chavira Jr. Global Tech Director</i>					11/22/2017
10. Name of Company <i>Kop-Coat, Inc.</i>					11. Phone Number <i>412-826-3323</i>